

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529395

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		2		2		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		2		
18		1		1		
19		1		1		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		4		4		
25		4		4		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	39	←	44	←		←
TOTAL CLAIMS	43		48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						